2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#749636

FILED Jun 29, 2005 Secretary of State

Entity Name: GRACE GOSPEL CHURCH OF TAMPA BAY, INC.

	Principal Place of Business:	New Principal Place of Business:
	HWY 19 N S PARK, FL 33782	
Current N	Nailing Address:	New Mailing Address:
	HWY 19 N S PARK, FL 33782	
ln accordar	r: 59-2086161 FEI Number Applied For () FEI nce with s. 607.193(2)(b), F.S., the corporation did not recei d Address of Current Registered Agent:	Number Not Applicable () Certificate of Status Desired () ve the prior notice. Name and Address of New Registered Agent:
	ENNIS M H AVENUE N TERSBURG, FL 33708 US	
	e named entity submits this statement for the purpos e of Florida.	e of changing its registered office or registered agent, or both
SIGNATU	RE:	
	Electronic Signature of Registered Agent	Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
Title: Name:	P () Delete KELLEY, TIMOTHY,	Title: () Change () Addition Name:
Address:	7400 62ND TERR NO PINELLAS PARK, FL 33781	Address: City-St-Zip:
Address: City-St-Zip: Title: Name: Address:		Address:
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	PINELLAS PARK, FL 33781 S,T. () Delete SMITH, LISA A 9782 55TH AVENUE N	Address: City-St-Zip: Title: () Change () Addition Name: Address:
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip: City-St-Zip:	PINELLAS PARK, FL 33781 S,T. () Delete SMITH, LISA A 9782 55TH AVENUE N ST. PETERSBURG, FL 33708 TD () Delete CHASE, JAMES A 4601 17TH AVE NO	Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: Address:	S,T. () Delete SMITH, LISA A 9782 55TH AVENUE N ST. PETERSBURG, FL 33708 TD () Delete CHASE, JAMES A 4601 17TH AVE NO ST. PETERSBURG, FL 33712 T () Delete GOLDWORTHY, WAYNE 9021 US HWY 19 N	Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA A. SMITH S.T. 06/29/2005